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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/027,134	
	Filing Date	December 20, 2001	
	First Named Inventor	Parris S. Wellman et al.	
	Group Art Unit	3738	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	1	Attorney Docket Number	102863-17

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Request to Correct Filing Receipt (page) Copy of Filing Receipt Showing Correction in Red Return Postcard

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	NUTTER MCCLENNEN & FISH LLP Lisa J. Michaud Registration No. 44,238
Signature	
Date	March 6, 2002

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.	
Dated: March 6, 2002	Signature: (Lisa J. Michaud)

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Dated: 3/6/02

Signature: [Signature]

(Lisa J. Michaud)

Docket No.: 102863-17
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Parris S. Wellman et al.

Application No.: 10/027,134

Group Art Unit: 3738

Filed: December 20, 2001

Examiner: Not Yet Assigned

For: BIPOLAR ABLATION ELECTRODES AND
METHOD OF USE

REQUEST FOR CORRECTED FILING RECEIPT

Office of Initial Patent Examination Customer Service Center
Commissioner for Patents
Washington, DC 20231

Dear Sir:

Applicant hereby requests a corrected filing receipt for this application to correct the serial number as follows:

Under "Domestic priority data as claimed by applicant" the CIP serial number reads 09/966,756;

The correct CIP serial number should read:
09/966,765.

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

A copy of the filing receipt showing the requested correction in red is attached.

Dated: March 6, 2002

Respectfully submitted,

By [Signature]

Lisa J. Michaud

Registration No.: 44,238

Attorney for Applicant

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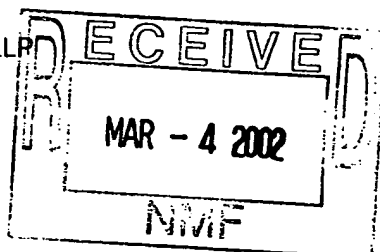
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/027,134	12/20/2001	3738	740	102863-0017	5	19	3

CONFIRMATION NO. 4419

021125

NUTTER MCCLENNEN & FISH LLP
ONE INTERNATIONAL PLACE
BOSTON, MA 02110



FILING RECEIPT



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Date Mailed: 02/27/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Parris S. Wellman, Hillsborough, NJ;
Rajesh Pendekanti, Bridgewater, NJ;

Assignment For Published Patent Application

ETHICON, INC., Somerville, NJ;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/966,758⁶⁵ 09/28/2001
AND A CIP OF 09/966,813 09/28/2001

Foreign Applications

If Required, Foreign Filing License Granted 02/26/2002

Projected Publication Date: 04/03/2003

Non-Publication Request: No

Early Publication Request: No

Title

Biopolar ablation electrodes and method of use

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Preliminary Class

128

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Bib Data Sheet

CONFIRMATION NO. 4419

SERIAL NUMBER 10/027,134	FILING DATE 12/20/2001 RULE	CLASS 128	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 102863-0017
APPLICANTS Parris S. Wellman, Hillsborough, NJ; Rajesh Pendekanti, Bridgewater, NJ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/966,765 09/28/2001 AND A CIP OF 09/966,813 09/28/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/26/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 19
				INDEPENDENT CLAIMS 3
ADDRESS 021125				
TITLE Bipolar ablation electrodes and method of use				
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	